



2019 – 2020: Special Consideration(s) Request Form

FOR OFFICE USE ONLY

STAMP HERE

CAMPUS: \_\_\_\_\_ INITIAL: \_\_\_\_\_

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Financial Aid Office  
SPCONS

Student Name \_\_\_\_\_

CCBC ID \_\_\_\_\_

Please select the reason(s) for your special consideration(s) request. Please provide all requested documentation for each situation and a personal letter of explanation detailing the reason for request.

✓	Reason/Circumstance	📎 Documentation Required 📎
	<b>Decrease in student/spouse/parent income from employment in 2019 or at least 8 weeks.</b>	<ul style="list-style-type: none"> <li>• Statement documenting retirement benefits for <b>2018</b>.</li> <li>• Dated letter from employer documenting status (full time/part time or unemployed), if applicable.</li> <li>• Unemployment compensation information</li> <li>• Current or last pay stub(s) for student and student’s spouse/parent(s). If after January 1, 2019, please submit copies of all W-2s for <b>2018</b> or a <b>2018</b> Wage and Income Transcript obtained from the IRS.</li> <li>• Copies of any severance compensation</li> </ul>
	<b>Divorce or Separation</b>	<ul style="list-style-type: none"> <li>• Copy of divorce or separation agreement OR proof of separate living arrangements (2 bills in each name at different addresses, i.e. BGE, rental agreement, cell phone, etc.)</li> <li>• Copies of all <b>2018</b> W-2(s) or both <b>2018</b> Wage and Income Transcript obtained from the IRS.</li> </ul>
	<b>Death of a spouse/parent</b>	<ul style="list-style-type: none"> <li>• Copy of the death certificate</li> <li>• Copies of parents’ <b>2017</b> W-2(s)</li> </ul>
	<b>Disability of student or spouse/parent(s)</b>	<ul style="list-style-type: none"> <li>• Doctor’s statement detailing length and type of disability</li> <li>• Disability income information if available</li> </ul>
	<b>Unusual medical expenses</b>	<ul style="list-style-type: none"> <li>• Copies of all medical expenses paid out-of-pocket (not covered by insurance) on <b>2017</b> federal tax return</li> </ul>
	<b>One-time income (Inheritance, moving expense allowance, back-year SS payments, or IRA/pension distribution)</b>	<ul style="list-style-type: none"> <li>• Statement from source (on official letterhead) this is a one-time payment or other documentation describing reasons for hardship withdrawal</li> <li>• Dated letter of termination (if applicable)</li> </ul>
	<b>Loss of child support</b>	<ul style="list-style-type: none"> <li>• Dated letter of termination of benefit(s) on letterhead</li> </ul>
	<b>Other special circumstances not indicated above.</b>	<ul style="list-style-type: none"> <li>• Provide appropriate documentation</li> </ul>





STUDENT NAME: \_\_\_\_\_ CCBC ID: \_\_\_\_\_

**Please provide a written explanation detailing the reason for your request:**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (**Dependent students ONLY**)

\_\_\_\_\_  
Date

**Warning: Each person signing this worksheet certifies all the information reported is complete and accurate. If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

**Please NOTE:** This form may require a request for additional information, please check your **SIMON** account for updates. If all required documentation is not received within 60 days, the special consideration request will be cancelled. Please allow at 2-3 weeks after ALL documents are submitted for review.